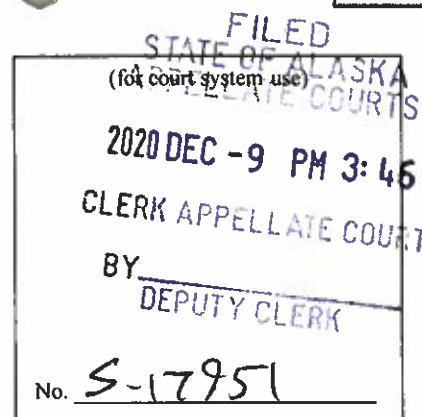


# IN THE SUPREME COURT OF THE STATE OF ALASKA

## DOCKETING STATEMENT A

For Use in Appeals Under Appellate Rule 204 and 218

**INSTRUCTIONS FOR MULTIPLE PARTIES OR ATTORNEYS:** If there are multiple parties or attorneys, repeat the appropriate box. This may be done on a separate page. Please clearly indicate which attorney represents which party.



### 1. TYPE OF APPEAL

a. <input checked="" type="checkbox"/> General Civil Rule Appeal (App. Rule 204)	b. <input type="checkbox"/> Appeal in Child Custody Case (App. Rule 218)
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### 2. PARTY FILING APPEAL (Appellant) see attached for additional Appellants - represented by Stacey C. Stone

a. Name JEFF GARNES and LISA GARNES	b. Status in the Trial Court <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input checked="" type="checkbox"/> Other. Specify: Election Recount
c. Party Mailing Address (not attorney's address) 7320 E. Chester Heights Circle	d. Telephone Jeff (907-244-9612) Lisa (907-244-9020)
City State Zip Code Anchorage AK 99504	

### 3. APPELLANT'S ATTORNEY

a. Name Stacey C. Stone	b. Bar Number 1005030
c. Attorney Mailing Address 701 W. 8th Avenue, Suite 700	d. Telephone (907) 274-0666 e. Fax (907) 277-4657
City State Zip Code Anchorage AK 99501	f. Firm/Agency Holmes Weddle & Barcott, P.C.

### 4. PARTY APPEALED AGAINST (Appellee) [All parties in the trial court when the final order/judgment were entered are appellees and must be listed if they did not file a notice of appeal. AR 204(b)(1) & (g).] see attached for additional Appellee - represented by Cori M. Mills

a. Name LT. GOVERNOR KEVIN MEYER	b. Status in the Trial Court <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input checked="" type="checkbox"/> Other. Specify: Election Recount
c. Party Mailing Address P.O. Box 110001	d. Telephone (907)465-3520
City State Zip Code Juneau AK 99811-0001	

### 5. APPELLEE'S ATTORNEY

a. Name Cori M. Mills	b. Bar Number 1212140
c. Attorney Mailing Address P.O. Box 110300	d. Telephone (907) 465-3600 e. Fax (907) 465-2520
City State Zip Code Juneau AK 99801	f. Firm/Agency Alaska Department of Law

### 6. SUPERIOR COURT PROCEEDING

a. Case No.	b. Superior Court Judge	c. Date Judgment Distributed
d. Post-Judgment Motions: List all post-judgment motions that affect time for filing appeal. See Appellate Rule 204(a)(3).		
DATE OF FILING		DATE ORDER DISTRIBUTED
Month	Day	Year
Type of Post-Judgment Motion		Month
		Day
		Year

### 7. CONSTITUTIONAL ISSUES

Is the constitutionality of a state statute or regulation at issue in this appeal?

☐ Yes

☐ No

If yes, cite statute or regulation:

no related cases FF+CB Paid  
1804034+1804033

## 8. FINALITY OF JUDGMENT OR ORDER BEING APPEALED

- a. ☐ The judgment or order being appealed is final and disposes of ALL claims by ALL parties. (The judgment or order is final under City and Borough of Juneau v. Thiboudeau 595 P.2d 626 (AK 1979).)
- b. ☐ The judgment or order being appealed does not dispose of all claims by all parties but is final under Civil Rule 54(b). (The trial court's Civil Rule 54(b) order must be attached.)
- c. ☐ The judgment or order being appealed is not final. The authority for this appeal is \_\_\_\_\_

## 9. ATTACHMENTS

The following items are submitted with this form (except that cross-appellants need not submit item a.):

- a. ☐ A copy of the final order or judgment from which the appeal is taken.
- b. ☒ A statement of points on appeal.
- c. ☒ A \$250 filing fee or ☐ a motion to appeal at public expense (financial statement affidavit form must be included).  
☐ a motion to waive filing fee (if basis for motion is inability to pay, financial statement affidavit form must be included).  
☐ an application for exemption from filing fee under AS 9.19.010.  
☐ no filing fee is required because appellant is ☐ represented by court-appointed counsel, and AS 9.19.010 does not apply.  
☐ the state or an agency thereof.  
☐ an employee appealing denial of benefits under AS 23.20 (Employment Security Act)
- d. A \$750 cost bond or deposit or  
☐ a copy of a superior court order approving appellant's supersedeas bond or a copy of appellant's motion to the superior court for approval of a supersedeas bond.  
☐ a motion to waive cost bond (if basis for motion is inability to pay, financial statement affidavit form must be included).  
☐ a motion to appeal at public expense (financial statement affidavit form must be included).  
☐ no cost bond is required because appellant is ☐ represented by court-appointed counsel.  
☐ a state agency, municipality, or state or municipal officer.  
☐ an employee appealing denial of compensation by Alaska Workers' Compensation Board or denial of benefits under AS 23.20 (Employment Security Act).
- e. Designation of transcript ☐ submitted ☒ not submitted (no transcript being requested) ☐ motion to extend submitted

12/9/2020

Date

[Signature]  
Signature of Appellant or Appellant's Attorney

For Stacy C. Stone

## CERTIFICATE OF SERVICE

I certify that on 12/9/2020 a copy of the notice of appeal, this docketing statement, and all attachments (except filing fee and cost bond) were

mailed	delivered	to All Parties (listed)
<input checked="" type="checkbox"/> and via email <input type="checkbox"/>		<u>Cori M. Mills</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Signature: [Signature]

## FILING INSTRUCTIONS

File original docketing statement and notice of appeal with all attachments listed in #9 and ONE copy of ALL except filing fee and cost bond.